

## Renal Services

### Everything I need to know about having a PD catheter repositioned under general or local anaesthetic

#### Introduction

**PD** stands for peritoneal dialysis; this is a method of removing waste products and excess water from your blood when your kidneys are no longer able to perform these functions themselves.

You will have already had a PD catheter inserted either under local or general anaesthetic and you now require the catheter to be repositioned so it is fully functional.

This information tells you about what will happen when you come into hospital for a repositioning of your PD catheter.

#### Why do I need a PD catheter repositioning?

PD works by draining fluid into the abdomen, the fluid remains inside the abdomen absorbing waste products and excess water. When the fluid has absorbed as much waste as it can, it is drained out of the abdomen and a fresh bag of fluid is drained in, to allow the process to start again.

A repositioning is required when fluid is not draining out and sometimes may not drain in. The main reason is because PD catheter may have moved out of position so will need to be put back in place to ensure optimum dialysis is achieved; sometimes constipation can be a cause of this which is why it is very important you continue to take laxatives on a daily basis. If you require further information regarding laxatives and bowel



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preparation please ask a member of the PD team who can give you an additional information leaflet.

### **If you have the PD catheter repositioned under Local anaesthetic**

Your catheter will be repositioned in the procedure room on ward 50 by a Nephrology Consultant; they will be assisted by one of the PD nurses. You will be required to attend to the Renal Day unit (Ward 50a) at a time provided by a member of staff. You will be prepared for the procedure and taken into the procedure room on the ward and will return to Ward 50a Day unit for 6 hours observations post procedure. During the 6 hours post procedure we ask that you stay on bed rest and if you need to use the toilet please speak to the nurses. It is not required for you to be nil by mouth so continue to eat and drink normally. You will require bloods and MRSA screening and Picolax prior to the procedure which will be organised by the PD team. Please let the PD team know if you are taking any medication such as aspirin, clopidogrel, warfarin or rivaroxaban as these **may** need to be stopped and alternative medication **may** be required.

### **If you have the PD catheter repositioned under General Anaesthetic**

Your catheter will be repositioned in theatre by a Renal Surgeon, you will be required to be nil by mouth for food 6 hours before and fluids 4 hours before. You will be required to attend the Renal Day Unit (Ward 50a) at the time given to you by a member of staff and will be prepared and taken down to theatres to have the procedure. You will return for 6 hours post procedure observations and we ask that you stay on bed rest. You will require bloods and MRSA screening and Picolax prior to the procedure which will be organised by the PD team. Please let the PD team know if you are taking any medication such as aspirin, clopidogrel, warfarin or rivaroxaban as these **may** need to be stopped and alternative medication **may** be required. This procedure is done through 'keyhole' method (Laparoscopic repositioning of PD catheter) and will require a general anaesthetic.

### **After PD repositioning under local and general anaesthetic**

The Nurses on the Day Unit will conduct routine observations and checks as well as providing you with food and drink as tolerated. They will also

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give pain relief as required. The PD team will attend the Day unit to flush your PD catheter and ensure all dressings are intact; PD nurses will arrange follow up appointments. You will normally go home on the same day as the procedure.

### **Possible problems after the operation:**

During the first few days you may have one or more of these problems:

- Most people have some pain in the abdomen after the operation. Painkillers will be given to help you with this.
- Vomiting can occur; the nurses can give you medication to reduce sickness.
- The bowel inside your abdomen can “go to sleep”, this makes your abdomen swell and you may experience sickness for a day or two. You may be asked to stop eating and be given fluid through a drip.
- Occasionally an infection can develop where the surgeon has made a cut or where the tube comes out through the skin. This is treated with antibiotics.
- Occasionally there can be an infection inside the abdomen (peritonitis). This is treated with antibiotics.
- Rarely male patients can go into retention of urine requiring temporary urinary catheterisation.

If you have a history of heart problems or complications after other operations please tell the doctor when you are admitted to hospital.

## **Looking after your catheter**

### **Do's and Don'ts**

#### **Do not:**

- **Have a bath:** dirty bath water puts you at risk of infection in the area where the catheter leaves your stomach (exit site).
- **Have a shower until the exit site has healed:** the PD Nurses will tell you when you can, usually after 3–4 weeks.
- **Take off your exit site dressing while the area is healing:** this increases your risk of an exit site infection and slows down how quickly the skin holding the catheter in places heals.

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- **Let anyone, other than trained PD staff, take off your dressing:** this includes non-PD hospital doctors, GPs, nurses and members of your family.
- **Lift anything heavier than a small bag of groceries (more than 10lbs) for six weeks:** lifting heavy objects puts pressure on your abdomen.
- **Drive for one week:** driving puts pressure on your abdomen.

### Do:

- Expect some oozing of blood or fluid to seep through the dressing. If this happens, put a new dressing on top of the old dressing using extra pads we have given you. You need to get help straight away if you cannot control the leaking from the exit site. Go to CAPD opposite Ward 50 or call our contact number: 024 7696 8308.
- Keep your appointments with the clinic - these are usually weekly, until you are established (trained) on CAPD.
- Take your prescribed laxatives! **If you have constipation your tube will not work.**
- Take painkillers if needed. Your exit site will be tender for some time.
- Make arrangements for timely removal of sutures.

The Trust has access to interpreting and translation services. If you need this Information in another language or formats please contact 02476 964000 and we will do our best to meet your needs.

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#### Document History

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